

# Full-thickness skin grafts harvested from scarred skin effectively release wide scar contractures in surviving patients with severe extensive burns

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Post-burn contracture is often treated by applying skin grafts. Generally, non-scarred skin is the donor site. In cases of severe extensive burn (SEB), scar contractures are so wide that not only are large amounts of donor skin needed, but the amount of donor skin that is actually available may be very limited. This case report describes two cases of SEB survivors who were successfully treated with sequential full-thickness skin grafts (FTSGs) that were harvested from scarred skin that was adjacent to non-scarred skin. The donor sites were closed primarily. One case was a girl who suffered scald burns to 80% of her total body surface area at the age of 2 years. As she grew up, she underwent FTSG four times, starting at the age of 9 years. Her last treatment was at the age of 18. The second case was a 44-year-old man who suffered flame burns to 68% of his total body surface area. He underwent FTSG three times. The scarred FTSG take rate did not differ from that of FTSG with unscarred skin although, some additional care must be taken during surgery. In addition, scarred FTSG associates with some advantages, including better texture match at the recipient site and reduced ratio of scarred surface at the donor site due to the expansion of the adjacent non-scarred skin. Thus, scarred skin can be a good graft donor to treat wide post-burn contracture, particularly in SEB survivor cases.